



NEUROENDOCRINE CANCER

# TREATMENT: ENDOSCOPIC THERAPIES

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[www.neuroendocrinecancer.org.uk](http://www.neuroendocrinecancer.org.uk)



## Endoscopic Therapies

Therapeutic endoscopy is the medical term for an endoscopic procedure during which treatment is carried out via the endoscope.

An alternative to surgery for small Neuroendocrine Cancers or those that form in polyps is treatment given through an endoscope (a long, thin medical device that is used to examine the hollow organs of the body such as the lungs or digestive system {stomach through to rectum}).

There are also scopes that can be used to examine the female or male reproductive and urinary systems.



## What is a Polyp?

Some Neuroendocrine cancers develop within polyps – others form solid tumours.

A polyp is a small cell clump that develops in 2 ways:

- Pedunculated polyps hang from a short stalk
- Sessile polyps are flat, and they grow directly out of the surrounding tissue.

If your Neuroendocrine Cancer develops within a small polyp or tumour in the digestive system, you may be able to have it treated or removed by:

- Polypectomy: Polyps are removed during endoscopy using hot or cold forceps or a snare.
- EndoMucosal Resection (EMR): An endoscope is introduced to the site of the polyp. Using a small needle, a fluid is injected underneath to raise the polyp creating a safe field to remove it using a snare. The area is then cauterised (to stop bleeding).
- Endoscopic Submucosal Dissection (ESD): The procedure is similar to EMR but uses a small knife, rather than a snare, to remove the polyp, cauterising blood vessels at the same time to prevent bleeding.

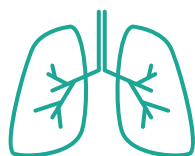
## Endoscopic Retrograde Cholangio-Pancreatography (ERCP) & Stent Insertion

Occasionally a tumour in or near the pancreas and bile duct system may cause a blockage that means that bile cannot flow from the liver into the digestive system.

Without being able to flow out of the liver, bile can build up within it and cause jaundice (where your skin and the whites of your eyes can turn yellow). Jaundice can make you feel very unwell – may cause infection or sepsis – as well as reduce your body's ability to absorb food properly.

Insertion of a biliary stent can help to alleviate this blockage – and so alleviate jaundice. A biliary stent is usually inserted via endoscopy in a procedure called an ERCP (Endoscopic Retrograde Cholangio-Pancreatography). If the stent cannot be inserted using an endoscope you may be asked to consider a PTC (Percutaneous Transhepatic Cholangiogram) – a procedure carried out through Interventional Radiology. Occasionally a combination of both ERCP and PTC is required to achieve effective bile drainage and flow.

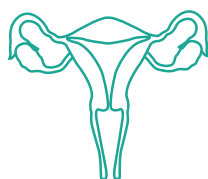




## LUNG

If your Neuroendocrine Cancer develops within a small polyp or tumour in the lungs you may be able to have it treated or removed by:

- Bronchial stent insertion. A stent is a hollow tube that may be placed in your airway to hold open an area of narrowing. The aim is to make your breathing easier, but a stent will not cure or treat the cancer or nodal mass causing the narrowing.
- Laser therapy uses light energy to destroy tissue through thermal activity (heat). Thermal activity is generated as a result of the transfer of light energy to tissue.
- Brachytherapy refers to the use of radiation treatment delivered via bronchoscopy – and is only used in specific circumstances and where specialised facilities exist.

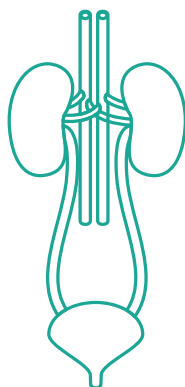


## CERVIX

Neuroendocrine Cancers of the cervix may be treated via:

A colposcopy. (A colposcopy is a method of examining the cervix, vagina, and vulva with a surgical instrument called a colposcope – essentially a microscope with a light).

A Large Loop Excision of the Transformation Zone (LLETZ) – is where the cancerous cells are removed using a fine wire and an electrical current. It's usually done under local anaesthetic (while you're awake but the area is numbed) and can be done at the same time as a colposcopy.



## URINARY SYSTEM

Examination and potential treatment of the urinary system (urethra, bladder and ureters):

May be undertaken via a cystoscopy (an instrument inserted into the urethra for examining the urethra urinary bladder and ureters).

Ureteric stents are normally used for obstruction (blockage) to one or both of your ureters (the tubes that carry urine from your kidneys to your bladder). They are put in through your bladder using a scope passed along your urethra (waterpipe). ureteric stents can be used for blockages that occur because of tumour within the ureter or blockages caused because of cancer within the abdomen (tummy) that is pressing on the ureter causing it to narrow.





## Effects of Treatment

Neuroendocrine Cancer Treatments work in a variety of ways – and whilst we wish it wasn't the case, side-effects can occur – not will occur – but can occur. Many of these, if they happen, can be mild and manageable – others may cause an alteration or adjustment in treatment, such as reduced dose or interval – occasionally a treatment may have to stop – either temporarily (a 'treatment break') or permanently, because the side-effect is more severe. You may also be given treatments in a different order to what was first planned or how you may see them given in others – remember – your treatment plan will be personalised to you.

But it is only possible to deal with changes and side-effects, if you are able to talk them through with your specialist nurse or team.

If you notice a change, or don't feel well, during or after a treatment – it may be tempting to ignore it or not mention it or wait a few weeks to see if things improve. You may be worried that if you do highlight any changes, your treatment may be stopped. However, the sooner your team knows what is happening, the sooner they can help you to deal with any changes – which will not always mean stopping treatment.

Changes or new symptoms may not always be caused by your treatment – Neuroendocrine Cancer itself can cause alterations in health – and other unrelated health issues can also occur. So, it can be helpful to know what to expect from treatment, what to look out for – and, importantly, when and who to contact if changes occur.



## Complications and Side effects

Treatment delivered via any type of scope is usually a safe procedure, and the risk of serious complications is very low. Rare complications include:



An infection in a part of the body the scope is used to examine – this may require treatment with antibiotics



Piercing or tearing (perforation) of an organ, or bleeding – depending on the degree of damage or where it occurs you may need surgery to repair this. Please note, depending on the area being treated and what treatment is delivered – slight bleeding may be experienced – which is normal. You will be advised beforehand of what to expect.



Vasovagal syncope / faint – vasovagal syncope is a condition that leads to fainting in some people. Many nerves connect with your heart and blood vessels. Under certain situations, these nerves might give an inappropriate signal – altering your heart rate and blood pressure – leading to dizziness or fainting.

Triggers include anxiety and / or stimulation of certain nerve pathways during a procedure – such as a scope treatment. It is a rare effect that may occur during bronchoscopy or colposcopy, though there are a handful of reports of it occurring during endoscopy.

Sedation is usually safe, but it can sometimes cause temporary side effects, including:



Feeling or being sick



A bruise or burning sensation where the injection was given



Low blood pressure (hypotension)



Breathing difficulties

You will be given self-care advice (for before and after treatment): this will include how to best prepare for the procedure and what to expect afterwards – including when to seek medical help.

**For example: If you notice any signs of infection, bleeding, shortness of breath or unrelieved, increasing, persistent pain. See a GP or visit your nearest A&E immediately!**

